



December 22, 2015

Dear Federal colleague,

The Federal Interagency Committee on Emergency Medical Services (FICEMS) was created by Congress in 2005 (42 U.S.C. § 300d-4) and established by the Secretaries of Transportation, Health and Human Services, and Homeland Security to, in part, *ensure coordination among the Federal agencies involved with State, local, tribal or regional emergency medical services and 9-1-1 systems*. I serve as the elected Chair of FICEMS.

**Department of Defense**

Office of the Assistant  
Secretary of Defense for  
Health Affairs

**Department of  
Homeland Security**

Office of the Assistant  
Secretary for Health  
Affairs/Chief Medical Officer  
U.S. Fire Administration

**Department of Health &  
Human Services**

Office of the Assistant  
Secretary for  
Preparedness and Response  
Indian Health Service  
Centers for Disease  
Control and Prevention  
Health Resources and  
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**Department of  
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National Highway Traffic  
Safety Administration

**Federal Communications  
Commission**

Public Safety and  
Homeland Security Bureau

One of FICEMS' highest priorities is to assure standardization of EMS patient care data through full implementation of the [National Emergency Medical Services Information System](#) (NEMSIS). The availability and enhancement of such standardized data has assisted in assuring quality of care through effective medical oversight, supporting EMS research, and providing overall EMS system accountability. As NEMSIS transitions from Version 2.2 to Version 3.0+, FICEMS recognizes the need for complete and uniform documentation of EMS patient care, the inclusion of that documentation in the patient's electronic health record, and the use of this data to support EMS performance measurement and improvement.

Several Federal publications and projects have confirmed the importance of EMS data for the continuum of care of patients. The following may serve as references for your staff and for applicants to your grant programs:

- The [Federal Health Information Technology \(HIT\) Strategic Plan for 2015-2020](#), published by the Office of the National Coordinator for HIT (ONC) notes the importance of emergency medical services providers and the data they collect:

*“Often individuals who receive services and care from [EMS] providers are among the most vulnerable, and the rich information available from these providers can have significant impacts on individuals' health and their care decisions with others in the health enterprise. For example, EMS practitioners provide stabilizing care and transportation services; having access to a patient's salient clinical information as a first responder can improve patient health and safety.*

*“Access to linked outcomes data from hospitals can help EMS systems measure performance, improve their provision of care, and provide timely feedback to providers...” (page 16)*

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- Goal 2 of the [FICEMS Strategic Plan](#), published in December 2013, is to foster “data-driven and evidence-based EMS systems that promote improved patient care quality”. Objective 2.1 of the FICEMS Strategic Plan, adopted by all ten member agencies of FICEMS, is to *promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems.*
- In 2013 the [National EMS Advisory Council \(NEMSAC\) recommended](#) that FICEMS “*incorporate language into federal grant guidance that aligns with the FICEMS position statement set forth in 2008, calling for federal funding to support the establishment and development of NEMSIS compliant information systems in addition to the transition to NEMSIS V3.*”
- A significant Federally-funded initiative is underway to create a process for developing EMS-specific performance measures based on NEMSIS version 3 data elements. The [EMS Compass Initiative](#) will help local EMS services harness the power of their data to improve care. EMS Compass will help to shift the culture of EMS toward data-driven performance improvement and will fulfill FICEMS Strategic Plan objective 1.1: *Identify and promote the development and use of EMS performance measures and benchmarks.*
- Finally, ONC recently published a Health Information Exchange Issue Brief on three [National EMS Use Cases](#). The brief sets the stage for discussion and collaboration among Emergency Medical Service (EMS) agencies, Health Information Exchange (HIE) organizations, and the health communities and customers they serve. The three EMS data use cases include day-to-day operations, mobile integrated healthcare (MIH) and community paramedicine, and emergency preparedness.

FICEMS voted unanimously to support the use of federal funds for the purposes of developing and enhancing EMS data systems, which provide vital information for real-time patient care, public health planning and national assessment. At their last public meeting on August 12, 2015 FICEMS adopted the following position:

*FICEMS promotes the adoption and full utilization of electronic patient care data systems by all EMS agencies that are standardized through the National EMS Information System (NEMSIS). Standardized and accessible patient-level data is essential to the improvement of pre-hospital emergency care and the integration of EMS into the broader healthcare system. Several components of NEMSIS contribute to improved outcomes for patients, including:*

- *Compliance with the NEMSIS version 3 or more current data standard;*
- *Inclusion of EMS documentation in each patient’s electronic health record;*

- *Submission of patient encounter information to a State Office of EMS and submission of a subset of that information to the National EMS Database; and*
- *Utilization of aggregate patient encounter information to measure and improve performance at the local and state levels.*

*Federal funds may be used to support activities for EMS agencies and states to implement and/or upgrade NEMSIS-compliant data systems and use collected data meaningfully to measure and improve the quality of care, including through research. In those situations in which a NEMSIS compliant information system is not yet in place, funds may be used to assist in the establishment of such a system, consistent with the requirements of the specific grant program.*

*Emergency Preparedness grants and/or cooperative agreements are awarded to state, local, tribal, and territorial public health and health care system planning and response infrastructures nationally. Coordinating emergency preparedness grant programs throughout the Federal government supports national preparedness strategies for state, local, tribal, and territorial agencies. A 2014 Memorandum of Understanding (MOU) for Emergency Preparedness Grant Coordination among ASPR, CDC, HRSA, NHTSA, and FEMA, created a standing interagency body to identify and discuss opportunities for grant coordination known as the Interagency Grant Coordination Committee.*

On behalf of FICEMS, I am requesting your assistance in endorsing this position and, as appropriate, disseminating it to any EMS-related programs within your Agency for inclusion in future grant guidance.

If you have any questions please contact the National Highway Traffic Safety Administration Office of EMS, which provides administrative support to FICEMS by reaching Gam Wijetunge at [Gamunu.Wijetunge@dot.gov](mailto:Gamunu.Wijetunge@dot.gov) or (202) 493-2793.

Thank you for your support of emergency medical services,

/s/

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 Chair, FICEMS  
 Principal Deputy Assistant Secretary for Preparedness and Response  
 U.S. Department of Health and Human Services